
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: James D. Marks et al.

Attorney Docket No.:

UCSFP011X1/2003-044

Application No.: 10/632,706

Examiner: Minnifield, Nita M.

Filed: August 1, 2003

Group: 1645

Title: THERAPEUTIC MONOCLONAL
ANTIBODIES THAT NEUTRALIZE
BOTULINUM NEUROTOXINS

Confirmation No.: 5306

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 22, 2007.

Signed: /Leslie J. Jennings/

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed December 22, 2006 finally rejecting Claims 1, 8, 17-36, 38-57, 97, 104 and 113-117.

The item(s) checked below are appropriate:

Appeal Fee: ☒ \$250.00 (Small Entity) ☐ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d)) for the total number of months checked below:

	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one	\$120.00	\$ 60.00
<input type="checkbox"/>	two	\$450.00	\$225.00
<input checked="" type="checkbox"/>	three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

Notice of Appeal Fee	\$ 250
Extension Fee (if any)	\$ 510
Total Fee Due	\$ 760

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ The Commissioner is authorized to charge the required fees or credit any overpayment to Deposit Account No. 500388, (Order No. UCSFP011X1).

Respectfully submitted,
BEYER WEAVER LLP

/ Tom Hunter /

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